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|---|-------------|--|-------------------|--|--|-----------------------------|---|
| NOAA FORM 77-65 (REV 8-84) | | U.S. DEPARTMENT OF COMMERCE NOAA | | 1. ORIGINATING OFFICE | | 2. DATE | |
| REQUEST FOR SHIP TIME (FY _____) | | | | | | | |
| 3. PROJECT/CRUISE TITLE | | | | 4. ORIGINAL REQUEST <input type="checkbox"/> CHANGE NUMBER <input type="checkbox"/> (if update complete Item 5) | | 5. DATE OF ORIGINAL REQUEST | |
| 6. SHIP PREFERENCES (In Order of Preference) | | | | 7. PROGRAM MANAGER (Name, Routing Code, Telephone) | | | |
| 8. CHIEF SCIENTIST (Name, Routing Code, Telephone) | | | | 9. ADDITIONAL CONTACTS | | | |
| 10. PROJECT/CRUISE OBJECTIVES AND DESCRIPTION: | | | | | | | |
| POSSIBLE FOREIGN RESEARCH OR PORT CLEARANCES | | | | | | | |
| 11. PROJECT AREA (Include Charlet) | | | | 12. SEATIME REQUIRED (Including Transit Time) IN DAYS: | | | |
| | | | | DESIRED | | MINIMUM ACCEPTABLE | |
| 13. CRUISE PERIOD (Months) | | | | 14. THIS PROJECT WILL BE PRIMARY <input type="checkbox"/> PIGGYBACK <input type="checkbox"/> | | | |
| 15a. NOAA PROGRAM PERSONNEL <input type="checkbox"/> SHIP'S COMPANY ONLY | | | | | | | |
| | MAX/MIN | OFFICE | BERTHING REQUIRED | | | | |
| SCIENTISTS | | | | | | | |
| TECHNICIANS | | | | | | | |
| TOTAL | | | | | | | |
| 15b. NON-NOAA PARTICIPANTS AND THEIR AFFILIATION | | | | | | | |
| PERSONNEL (Names) | | | | AFFILIATIONS | | | |
| | | | | | | | |
| 15c. NON-NOAA BERTHS REQUIRED: | | | | 15d. TOTAL BERTHS REQUIRED: | | | |
| 16. SUGGESTED PIGGYBACK PROJECTS AND TIME REQUIREMENTS (or Restrictions) WHICH CAN BE ACCOMMODATED: | | | | | | | |
| | | | | | | | |
| 17. SHIP CAPABILITIES REQUIREMENTS | | | | | | | |
| ENDURANCE (Days) | | LAB SPACE (Sq. feet) | | WET | | DRY | |
| MINIMUM POSITION ACCURACY REQUIRED ± | | | | ON STATION TIME: | | SPEED (Knots): | |
| 18. | | | | | | | |
| ELECTRONIC | | OCEANOGRAPHIC | | | GEAR HANDLING | | |
| | | | | | | | |
| SHIP SUPPORT REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/> | | SHIP SUPPORT REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/> | | | SHIP SUPPORT REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 19. ON BOARD PROCESSING REQUIREMENTS | | | | OUTPUT REQUIRED MAG TAPE <input type="checkbox"/> PAPER TAPE <input type="checkbox"/> PRINTOUT <input type="checkbox"/> ANALOG <input type="checkbox"/> OTHER <input type="checkbox"/> (Specify) _____ | | | |
| 20. PROGRAM FURNISHED EQUIPMENT | | | | | | | |
| ITEM | DESCRIPTION | | | WT. (lbs.) | POWER REQD. | SPACE REQUIRED | LOCATION PREFERENCE |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 21. STAGING TIME REQUIRED (Days/Location): | | | | DESTAGING TIME REQUIRED (Days/Location): | | | |
| 22. APPROVED | | DATE | | TITLE | | | Remarks Continue on Reverse <input type="checkbox"/> |

Continuation: Use this area if needed for additional information.